PART B - FEE(S) TRANSMITTAL

Complete and send this form, together when applicable fee(s), to: Mail Mail Stop ISSUL

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance lee notification	ons.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23353	7590 07/16/	/2007	nav		_		
RADER FISHMAN & GRAUER PLLC LION BUILDING 1233 20TH STREET N.W., SUITE 501 WASHINGTON, DC 20036				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON,	DC 20030		_			(Depositor's name)	
						(Signature)	
	•					(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	R ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/538,301 06/09/2005			Kazuhiro Shimura	10/16/2007	ANUNDAF2 00000052	180013 ³⁵⁴⁸ 38301	
TITLE OF INVENTION:	SENSOR DEVICE FO	R TIRE				1000001	
				01 FC:1501 02 FC:1504 03 FC:8001	1440.00 DA 300.00 DA 9.00 DA		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$ 1400 1440.0	\$300	\$0	\$1700	10/16/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
ALLEN, ANDRE J 2855			073-146000	_			
1. Change of corresponden CFR 1.363).	ce address or indication	of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys [RADER, FISHMAN & GRAUER				
Change of corresponded Address form PTO/SB/			or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or ty	pe)			
PLEASE NOTE: Unles	ss an assignee is identi	fied below, no assignee of	data will appear on the p	atent. If an assignee is	identified below, the	document has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
THE YOKOHAMA	RUBBER CO.,	LTD.	TOKYO, JAPA	Ŋ			
Please check the appropria	te assignee category or	categories (will not be pri	inted on the patent):	Individual 🛣 Corpor	ation or other private gr	oup entity Government	
4a. The following fee(s) ar	e submitted:	4b	. Payment of Fee(s): (Plea	ase first reapply any pr	eviously paid issue fee	shown above)	
☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - #		ermitted)		reby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 18-0013 (enclose an extra copy of this form).			
*******			overpayment, to Depo	sit Account Number _1	8-0013 (enclose a	an extra copy of this form).	
5. Change in Entity Statu a. Applicant claims:	•	· ^	☐ b. Applicant is no lon	ger claiming SMALL E	NTITY status. See 37 C	CFR 1.27(g)(2).	
• • •	Publication Fee (if requ	ired) will not be accepted	from anyone other than t			he assignee or other party in	
Authorized Signature _	\leftarrow	HR		Date OCTO	BER 15, 2007		
Typed or printed name	LEE CHENG	<u> </u>		Registration No	40,949		
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313 Under the Paperwork Redu	, 1 150.					d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	